## SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AFTER AFTER AFTER AS FILED **AS FILED** 1" AMENDMENT 2 ™AMENDMENT 1" AMENDMENT 2 <sup>™</sup> AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>52</u> TOTAL TOTAL IND. IND. TOTAL TOTAL DEP. TOTAL TOTAL CLAIMS CLAIMS

PTO - 1360 (REV. 11/04)

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